Best Available Copy

Application or Docket Number

	PATENT A			N FEE DE Decembe	D 	1	9/6	4	7 W	丝			
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OR	OTHER THAN	
FOR			NUMBER FILED			NUMBER EXTRA		RA	TE	FEE	1	RATE	FEE
BASIC FEE										345.00	OR		690.00
TOTAL CLAIMS			. 19 minus 20=			•			9=		OR	X\$18=	
INDEPENDENT CLAIMS			2_ minus 3 =			•			3 9 =		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									30=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2									TAL		OR	TOTAL	690
CLAIMS AS AMENDED - PART II									OTHER THAN				
							(Column 3)	SM	ALL		OR	SMALL	
ENT A		REN	LAIMS MAINING FTER NOMENT		PR	NUMBER EVIOUSLY PAID FOR	PRESENT EXTRA	RATE X\$ 9=		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	9	Minus	**	20	=			•	OR	X\$18=	2
AME	Independent	ALTA-	<u> </u>	Minus	***	CAIT OF ATT	-	X3	19=		OR	X78=	
ل	FIRST PRESE	NIAII	ON OF MI	JENIPLE DEP	CND	CNI GLAIM		+13	30=		OR	+260=)
•									OTAL I. FEE			TOTAL ADDIT, FEE	(
4	5-K501		lumn 1)			olumn 2)	(Column 3)	וטעא	ret			. 	
IENT B		REM A	LAIMS MAINING IFTER NOMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	NTE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	· ;	\bigcap	Minus	-	20	= 7	X\$ 9=			OR	X\$18=	
AME	Independent	NTAT	ON OF ***	Minus	PENID		1= \	X3	39=		OR	X78 <u>=</u>	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+13	30=		OR	+260=	
									OTAL T. FEE		OR	TOTAL ADDIT. FEE	
٠							(Column 3)		_ _			- · · 	
AMENDMENT C		REA	LAIMS MAINING NFTER NDMENT		PR	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	RA	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•		Minus	••		=	X\$ 9=			OR	X\$18=	
4ME	Independent	<u> -</u>			•••]=	X39=			OR	X78=	
H	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									 	1	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+260=	
***	"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***To the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 12/99)